

AUG/18/2011/THU 04:26 PM NH DOL
08/18/2011 11:36 FAX 6032846000

FAX No. 6032716149
JOHNSON LAW OFFICE + DUL-WU

P.002
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This form must be printed and sent to the NH Department of Labor.

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
SPAULDING BUILDING
95 PLEASANT STREET
CONCORD, NEW HAMPSHIRE

NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE SAWCA
(Please: print or type)

To State of NH Administrative Office of Phone # (603) 271-2521
(Name of Employer) The Courts
2 Charles Doe Drive, Concord NH 03301
(Business Name and Address)

IN ACCORDANCE WITH RSA 281-A:20, This is to notify you that an injury occurred.

Michele M. Walker (deceased) SSN # 042-54-2881
(Name of Injured Employee)
c/o Charles E. Walker as Administrator of the Estate of Michele M. Walker
368 Old Franconia Rd, Bethel NH 03574 Daytime Phone # (603) 444-5703
(Address of Injured Employee)

8/20/2009

(Date of Accident or First Treatment)

Littleton District Court, 134 Main St, Littleton NH 03561
(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected.

Escalating workplace harassment and retaliation.
This claim is for emotional distress culminating in
Ms. Walker's suicide.

I have been unable to work since my injury.

☒ Yes ☐ No

I have incurred the following medical bills.

** not all include

Name of Doctor	Dates of Service	Amount	Notes
<u>Dr. Carrie Karlson</u>	<u>8/21/09 to 8/21/09</u>	<u>To be provided</u>	
<u>DHMC</u>	<u>8/21/09 to 8/21/09</u>	<u>11</u>	
<u>NE Medical Human Services</u>	<u>Various dates</u>	<u>11</u>	

(Employer's Signature)

(Employee's Signature)

(Date)

(Date)

This form can be returned to DOL with or without employer's signature.

NOTICE TO EMPLOYER

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500. (RSA 281-A:53)

Form No. SAWCA (Rev. 02/01)

Employer's Copy - White

Employee's Copy - Pink

* represented by Estate of Michele M. Walker

TOTAL P.001

PENGAD 800-651-6889

EXHIBIT

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